



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF MINED LAND RECLAMATION  
P. O. DRAWER 900; BIG STONE GAP, VA 24219  
TELEPHONE: (276) 523-8206

## RECLAMATION CONSTRUCTION FINAL INSPECTION ABANDONED MINED LANDS

<b>Project Type:</b> <input type="checkbox"/> <b>AML</b> (check one) <input type="checkbox"/> <b>Bond Forfeiture</b>	Grant Year: _____	Inspection Date: _____
	Permit Number: _____	

**Project Name:** \_\_\_\_\_ **Contract No.:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **County:** \_\_\_\_\_

<b>Project Contractor:</b> _____	<b>Original Contract Amount:</b> _____
<b>Contractor's Address:</b> _____	<b>Total Change Orders (CO):</b> _____
_____	<b>Total Contract Amount:</b> _____
_____	<b>Final Reclamation Cost:</b> _____

### Change Order Summary

CO# 1	CO# 3	CO# 5	CO# 7
CO# 2	CO# 4	CO# 6	CO# 8

**This project has been constructed in accordance with the approved engineering plans and any applicable grant requirements.** ☐ **Yes** ☐ **No** **If not, please explain in the following block:**

**Comments:**

### Checklist:

Realty – Files Complete ☐ Yes ☐ No ☐ NA  
Contractor Evaluation – ☐ Yes ☐ No ☐ NA  
AMLIS Update Submitted (map, features, costs) – ☐ Yes ☐ No ☐ NA  
Permit(s) Requirements Complete – ☐ Yes ☐ No ☐ NA  
Bond Release Recommended – ☐ Yes ☐ No ☐ NA  
Retainage Release Recommended – ☐ Yes ☐ No ☐ NA  
Office Use Only: ☐ Cost Breakdown Attachment

**Project Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Contracting Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**AML Services Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_